UNITED
NATIONS

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Economic and Social Council

Distr.
GENERAL

E/CN.6/1994/NGO/7
4 March 1994

ORIGINAL: ENGLISH

COMMISSION ON THE STATUS OF WOMEN
Thirty-eighth session
New York, 7-18 March 1994
Item 5 (b) of the provisional agenda*

PRIORITY THEMES: DEVELOPMENT: WOMEN IN URBAN AREAS: POPULATION, NUTRITION AND HEALTH FACTORS FOR WOMEN IN DEVELOPMENT, INCLUDING MIGRATION, DRUG CONSUMPTION AND ACQUIRED IMMUNE DEFICIENCY SYNDROME

Statement submitted by Associated Country Women of the World, Commonwealth Medical Association and World Young Women's Christian Association, non-governmental organizations in consultative status with the Economic and Social Council, category II; and Commonwealth Pharmaceutical Association, International Council of Nurses and International Federation of Gynaecology and Obstetrics, non-governmental organizations on the roster

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 29 and 30 of Economic and Social Council resolution 1296 (XLIV) of 23 May 1968.

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The non-governmental organizations listed above, as members of Advocacy for Women's Health, urge the Commission on the Status of Women to take the following impacts on women's health into account in considering the situation of women in urban areas:

* E/CN.6/1994/1.

Introduction

The number of women living in urban areas, already high, is expected to increase to nearly half of all the women in the world by the year 2000. Millions of women in urban areas live in poverty and millions more have insufficient incomes to meet more than their most basic needs. Frequently they are the sole supporters of their families. They are likely to be illiterate and probably work more hours each week than do men, if their work in the home looking after their families is taken into account. All this has an adverse effect on their health.

Poverty and housing

Poor quality, over-crowded housing, which characterizes the conditions under which many of these women live, has a negative impact on their health. It can result in stress and can cause marked depressive symptoms. It creates a setting which increases the risk of domestic violence. Women living in such conditions will often resort to substance abuse such as alcohol, tobacco and drugs in order to relieve their misery. This will have a direct impact on their health; on the unborn child if they are pregnant; on their ability to care for their children; and on their sexual activity. Their resistance to sexually transmitted diseases (STDs) and to HIV/AIDS is reduced as a consequence.

Lack of clean water and poor, or non-existent, sanitation can also place an undue burden on women, who are responsible for caring for their family members who fall sick from water-borne diseases and bad sanitation. The lack of latrines may also be a factor in decisions to keep girls out of school, which decreases their opportunities to acquire the literacy skills which will enable them to escape from poverty. Poorly ventilated kerosene cooking stoves cause respiratory infections, in addition to being a fire hazard which can cause severe burns.

Anaemia and malnutrition

The poverty which pervades the lives of these women can lead to malnutrition, causing conditions such as blindness from vitamin A deficiency and mental retardation from iodine deficiency. Malnutrition also increases morbidity and death from a variety of infectious and chronic diseases. Millions of women suffer from chronic anaemia, which is particularly dangerous for women during pregnancy and lactation.

Encouraging women to breast-feed their babies for the optimal period, i.e., four to six months on breast milk alone, is not feasible unless women are able to breast-feed close to their place of work. Through childhood, in comparison with their male siblings, girl children are undernourished, while being forced to carry out a greater share of household tasks. Emphasis should be placed on ensuring adequate supplies of nutritious food, including food supplements, specifically targeted at girl children (who may not be attending school) and at pregnant and lactating women.

Reproductive health issues

The provision of reproductive health services for women in urban areas is just as important as it is for women in rural areas. Such services should be available, acceptable, accessible and affordable and should include family planning and other reproductive health services, such as the detection and treatment of STDs and infertility. Millions of women suffer from reproductive tract infections (RTIs), which are frequently asymptomatic, unrecognized and potentially fatal. RTIs are associated with foetal wastage, low birth weight, congenital infection, infertility and cervical cancer.

Migrant women in urban areas

It is estimated that half the world's migrants are women and many of them migrate from rural to urban areas in order to seek a living. They will frequently find only low-paid, low-skilled work as maids or sex-workers. They may also find themselves trapped in a violent marriage, if their entry to the country is conditional upon their being accompanied by their husbands. While the conditions in which they live will frequently be injurious to their health, particularly to their reproductive health, they will have no access to health or other social services.

HIV/AIDS

The low-income status of women in urban areas and the need to find additional resources to support their families often leads to their undertaking activities which are injurious to their health, such as commercial sex and drug peddling. In particular it increases their susceptibility to HIV infection. This risk is greatly increased in women suffering from RTIs. In addition young girls are increasingly susceptible to HIV infection either because they have to resort to prostitution to raise money to support themselves and their siblings - for example, if they lose their parents through AIDS - or because of the "sugar daddy" syndrome, whereby men look for younger girls as partners whom they believe to be "clean" and "HIV free".

Education, information and awareness programmes should be developed and implemented which target women and girls in urban areas, and specific activities should be promoted which provide alternative possibilities for income-generation.